

# DIRECT DEPOSIT REQUEST FORM

(Housing Choice Voucher/Section 8 Program Only)

The following information **must be attached** to this request form:

- A **VOIDED CHECK** or another valid bank document, **which bears the name and address of the landlord**, routing number and account number magnetically encoded on the form.
- For every new tenant, a voided check is not needed; you are only required to fill the form out completely.
- **Starter checks and deposit slips are unacceptable.**

Landlord/Owner Information:

New Landlord: Y or N

Owner Name or Business Name (Please Print)

SSN/TIN (Receiving Payment)

Agent/Contact Name (if different from above)

Phone Number

Rental Unit Address

Tenant Name

Owner/Agent Signature

Date

Financial Institution Name

Branch

Please indicate the account type to which you want your payment deposited.

(Check one only)      **Checking** \_\_\_\_\_

**Savings** \_\_\_\_\_

**Transit/ABA No.** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

- You **must** have a checking or savings account.
- Direct deposit will only be made to **one** bank account.
- The entire amount of the housing assistance payment (HAP) will be deposited. No partial deposits will be made
- Monies will be deposited **no later than the 5<sup>th</sup> of the month.**
- Any changes to your account information **must be submitted in writing** along with a new direct deposit request form fourteen (14) days prior to the end of the month.

Return this form and the requested items to: **Housing Authority of Brevard County**  
**Attention: Section 8 Direct Deposit**  
**1401 Guava Ave, Melbourne, FL 32935**

If you have any questions or concerns, please contact at (321) 775-1592.

## HABC Office Use ONLY

Date Received \_\_\_\_\_

Effective Date \_\_\_\_\_

Landlord/Owner # \_\_\_\_\_

HABC Staff Initials \_\_\_\_\_

Rev: 10/13/15